

PRINTED: 12/12/  
FORM APPRC

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - STATE BUILDING  B. WING: _____	(X3) DATE SURVEY COMPLETED  12/09/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KINDRED NURSING AND REHABILITATION-MA

278 DRY VALLEY RD  
ALGOOD, TN 38501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE
N 831	<p>1 200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the overall nursing home environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. On 12/0/13 at 11:15 AM observation within the basement area above the north exit door revealed there was a sign of rot damage to the soffit of the canopy.</li> <li>2. On 12/9/13 at 11:23 AM, observation within the dietary area revealed the air supply diffuser had rust on it.</li> <li>3. On 12/9/13 at 11:33 AM observation within the Staff Development office revealed a damage to the lower portion of the left-side wall</li> </ol> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 12/9/13</p>	N 831	<p><u>N-831 1200-8-6-08 Building Standards</u></p> <p>1. The Soffit above the existing Physical Therapy Entrance has rot damage-hole in the soffit. Maintenance has contacted a local contractor and received a quote to replace. The soffit will be replaced to meet the building standards. A drip edge will be installed to prevent the damage from happening again. The contractor will have the work completed by 1/17/13</p> <p>2. A diffuser has rust on it. Maintenance has replaced/ resurfaced the diffuser. This was completed on 12/23/13. Maintenance will conduct an inspection of all diffusers within the building and replace/resurface as needed. This inspection replacement/ resurface will be completed by the end of the first quarter of 2014. Progress of the inspection will be reviewed in our monthly PI meeting.</p> <p>3. An outside corner of a wall in the Staff Development office had damage. Maintenance has repaired the damage and has installed a corner protector to prevent any damage in the future. Maintenance is working with the Staff Development personnel to schedule a time to renovate the room. Renovation of this room will be completed by the end of the first quarter of 2014.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	1/17/13

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

Executive Director

12/31/13

PUZB21

If continuation sheet 1 of 1